

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

SOUTH CAROLINA LIBERTARIAN PARTY SCLP

ADDRESS (number and street)

PO BOX 291383☒(Check if address
is changed)**Columbia****SC****29229**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jldimit@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.sclibertarians.org

COMMITTEE'S FAX NUMBER

2. DATE

M M
0 5/ D D
0 7/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00400945

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Jeffrey L. Dimit

Signature of Treasurer

Electronically Filed by **Jeffrey L. Dimit**

Date

M M
0 5/ D D
0 7/ Y Y Y Y
2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

SOUTH CAROLINA LIBERTARIAN PARTY SCLP

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Jeffrey L. Dimit**

Mailing Address **321 Amy Dr**

Goose Creek **SC** **29445** - **3535**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **843** - **296** - **8038**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Jeffrey L. Dimit**

Mailing Address **321 Amy Dr**

Goose Creek **SC** **29445** - **3535**

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **843** - **296** - **8038**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

- Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Image# 26940133156

Form/Schedule: **F1N**

Amended form showing new address and new treasurer. The FEC program does not provide a mechanism for submitting an amended form.

Transaction ID:
